

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period April 1 to April 30, 2011.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 5/11/11
(date)

Debtor(s)*: Prevalence Health, LLC

By:**

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED April 30, 2011

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 45,675			
February	\$ 17,484			
March	\$ 26,735			
Total				
1st Quarter	\$ 89,894	\$ 975		
April	\$ 11,582			
May	\$			
June	\$			
Total				
2nd Quarter	\$	\$		
July	\$			
August	\$			
September	\$			
Total				
3rd Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total				
4th Quarter	\$	\$		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00044254 01 AV 0.340 001
PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 3
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COMMERCIAL ANALYZED CHECKING
April 1, 2011 through April 29, 2011

SUMMARY

Beginning Balance	\$399,489.48	Minimum Balance	\$394,295
Deposits & Credits	\$6,388.16		
Withdrawals	\$660.00		
Fees	\$274.99		
Automatic Transfers	\$0.00		
Checks	\$10,646.86		
Ending Balance	\$394,295.79		

DEPOSITS & CREDITS

04/07	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110402	1,448.29
04/14	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110409	3,343.74
04/21	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110416	691.86
04/27	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	551.16
04/28	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110423	353.11
Total Deposits & Credits		\$6,388.16

WITHDRAWALS

04/04	Merchant Service Merch Fee Health Allianc 8003547554	60.00
04/12	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
04/21	Pitney Bowes Postage Debtor IN Poss 42906255	400.00
Total Withdrawals		\$660.00

FEES

04/11	Analysis Charge	03-11	274.99
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CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
04/29	61459	7,916.86	04/29	61461	2,610.00
04/29	61460	120.00			
Total Checks		\$10,646.86			

* Break In Check Number Sequence.

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
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ACCOUNT # 9001277993

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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
04/04	399,429.48	04/12	400,402.78	04/27	404,589.54
04/07	400,877.77	04/14	403,746.52	04/28	404,942.65
04/11	400,602.78	04/21	404,038.38	04/29	394,295.79

PRICING FOR TREASURY MANAGEMENT AND
DEPOSITORY PRODUCTS AND SERVICES MAY
CHANGE DEPENDING ON THE PRODUCTS AND
SERVICES USED. ANY CHANGE WILL BE
REFLECTED IN YOUR JUNE STATEMENT.
PLEASE CONTACT YOUR TREASURY MANAGEMENT
OFFICER WITH QUESTIONS SPECIFIC TO YOUR
ACCOUNT.

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the internet at www.regions.com.

Thank You For Banking With Regions!



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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Prevalence Health, LLC
PO Box 2848
Ridgeland, MS 39158
4-27-11

PAY TO THE ORDER OF Regions Bank \$ 7,916.86

Seven Thousand Nine Hundred Sixteen & 86/100 DOLLARS

H. Kenneth Lefoldt Jr.

Service Thru 3/31/11

⑆061459⑆ ⑆06530593⑆ ⑆9001277993⑆ ⑆0000191686⑆

Check# 61459 04/29/2011 \$7916.86

Prevalence Health, LLC
PO Box 2848
Ridgeland, MS 39158
4-27-11

PAY TO THE ORDER OF H. Todd Burwell, Jr. \$ 120.00

One Hundred Twenty & 00/100 DOLLARS

H. Todd Burwell Jr.

Service Thru 3/31/11

⑆061460⑆ ⑆06530593⑆ ⑆9001277993⑆

Check# 61460 04/29/2011 \$120.00

Prevalence Health, LLC
PO Box 2848
Ridgeland, MS 39158
4-27-11

PAY TO THE ORDER OF H. Kenneth Lefoldt & Co., P.A. \$ 2,610.00

Two Thousand Six Hundred Ten & 00/100 DOLLARS

H. Kenneth Lefoldt

Service Thru 3/31/11

⑆061461⑆ ⑆06530593⑆ ⑆9001277993⑆

Check# 61461 04/29/2011 \$2610.00